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PTO/SB/17 (10-02)

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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 440.00)

Complete if Known

Application / Conf. No.	09/510,203	/ 2126
Filing Date	February 22, 2000	
First Named Inventor	Carol A. Fields	
Examiner Name	Ayal I. Sharon	
Art Unit	2123	
Attorney Docket No.	X-560 US	

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METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)		
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees, any additional fees required, and credit any over payments to:		Technology Center 2100		
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number 24-0040 Deposit Account Name XILINX, INC.		3. ADDITIONAL FEES Large Entity Fee Fee Code (\$) Fee Description Fee Paid		
		1051	130	Surcharge - late filing fee or oath
		1052	50	Surcharge - late provisional filing fee or cover sheet.
		1812	2,520	For filing a request for ex parte reexamination
		1804	920*	Requesting publication of SIR prior to Examiner action
		1805	1,840*	Requesting publication of SIR after Examiner action
		1251	110	Extension for reply within first month
		1252	420	Extension for reply within second month
		1253	950	Extension for reply within third month
		1254	1,480	Extension for reply within fourth month
		1255	2,010	Extension for reply within fifth month
		1401	330	Notice of Appeal
		1402	330	Filing a brief in support of an appeal
		1403	290	Request for oral hearing
		1451	1,510	Petition to institute a public use proceeding
		1452	110	Petition to revive - unavoidable
		1453	1,330	Petition to revive - unintentional
		1501	1,330	Utility issue fee (or reissue)
		1460	130	Petitions to the Commissioner
		1807	50	Petitions related to provisional applications
		1806	180	Submission of Information Disclosure Stmt
		8021	40	Recording each patent assignment per property (times number of properties)
		1809	770	Filing a submission after final rejection (37 CFR 1.129(a))
		1810	770	For each additional invention to be examined (37 CFR 1.129(b))
		1801	770	Request for Continued Examination (RCE)
		Other fee (specify) _____		
SUBTOTAL (1) (\$)				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Total Claims - 20** = Extra X Fee from below = Fee Paid Indep. Claims - 3** = X = Multiple Dependent Claims X = 				
**or number previously paid, if greater; For Reissues, see below				
Large Entity				
Fee Code	Fee (\$)	Fee Description		
1202	18	Claims in excess of 20		
1201	86	Independent claims in excess of 3		
1203	290	Multiple dependent claim, if not paid		
1204	86	**Reissue independent claims over original patent		
1205	18	**Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2) (\$)				
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 440.00)				

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Justin Liu	Registration No. (Attorney/Agent)	51,959	Telephone	408-879-4641
Signature				Date	02-26-2004

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